

Combined Declaration For Patent Application and Power of Attorney (Continued)
(includes Reference to PCT International Applications)Attorneys Docket Number
PHNL021146 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902
Michael E. Marion, Reg. No. 32,266
Edward M. Blocker, Reg. No. 30,245Direct Telephone Calls to:
(name and telephone number)
(914)332-0222

201	FULL NAME OF INVENTOR	FAMILY NAME DE BOER	FIRST GIVEN NAME Dirk	SECOND GIVEN NAME Kornelis Gerhardus
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
202	FULL NAME OF INVENTOR	FAMILY NAME BROER	FIRST GIVEN NAME Dirk	SECOND GIVEN NAME Jan
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
203	FULL NAME OF INVENTOR	FAMILY NAME KARMAN	FIRST GIVEN NAME Gerardus	SECOND GIVEN NAME Petrus
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
204	FULL NAME OF INVENTOR	FAMILY NAME NIEUWKERK	FIRST GIVEN NAME Armanda	SECOND GIVEN NAME Cinderella
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
205	FULL NAME OF INVENTOR	FAMILY NAME PEETERS	FIRST GIVEN NAME Emiel	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
206	FULL NAME OF INVENTOR	FAMILY NAME VAN DER ZANDE	FIRST GIVEN NAME Bianca	SECOND GIVEN NAME Maria Irma
	RESIDENCE & CITIZENSHIP	CITY Eindhoven <i>MLX</i>	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206 
DATE	DATE	DATE 21 June 2004

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

101534765

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "**Optically anisotropic body**"

the specification of which (check only one item below):

- is attached hereto.
 was filed as United States application

Serial No _____

on _____

and was amended

on _____

was filed as PCT international application

Number PCT/IB2003/004819

27 October 2003

on _____

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
The Netherlands	1021933	15 November 2002	YES

U.S. DEPARTMENT OF COMMERCE -Patent and Trademarks Office
(July 1994)

10/534765

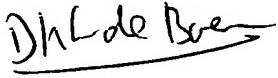
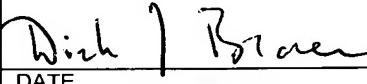
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203	FULL NAME OF INVENTOR	FAMILY NAME <u>KARMAN</u>	FIRST GIVEN NAME <u>Gerardus</u>	SECOND GIVEN NAME <u>Petrus</u>
	RESIDENCE & CITIZENSHIP	CITY <u>Eindhoven</u>	STATE OR FOREIGN COUNTRY <u>The Netherlands</u>	COUNTRY OF CITIZENSHIP <u>The Netherlands</u>
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	RESIDENCE & CITIZENSHIP	CITY <u>Eindhoven</u>	STATE OR FOREIGN COUNTRY <u>The Netherlands</u>	COUNTRY OF CITIZENSHIP <u>The Netherlands</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Prof. Holstlaan 6</u>	CITY <u>5656 AA Eindhoven</u>	STATE & ZIP CODE/COUNTRY <u>The Netherlands</u>
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	RESIDENCE & CITIZENSHIP	CITY <u>Eindhoven</u>	STATE OR FOREIGN COUNTRY <u>The Netherlands</u>	COUNTRY OF CITIZENSHIP <u>The Netherlands</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Prof. Holstlaan 6</u>	CITY <u>5656 AA Eindhoven</u>	STATE & ZIP CODE/COUNTRY <u>The Netherlands</u>

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SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203 
DATE 17 June 2004	DATE 17 June 2004	DATE 17 June 2004
SIGNATURE OF INVENTOR 204 	SIGNATURE OF INVENTOR 205 	SIGNATURE OF INVENTOR 206
DATE 17 June 2004	DATE 17 June 2004	DATE 17 June 2004

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101534765

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the specification of which (check only one item below):

- is attached hereto.
 was filed as United States application

Serial No _____

on _____

and was amended

on _____

was filed as PCT international application

Number PCT/IB2003/004819

on 27 October 2003

and was amended under PCT Article 19

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PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
The Netherlands	1021933	15 November 2002	YES

U.S. DEPARTMENT OF COMMERCE -Patent and Trademarks Office
(July 1994)

JC06 Rec'd PCT/PTO 12 MAY 2005
STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner:	Koninklijke Philips Electronics N.C.	
Application No./Patent No.:	Concurrently	Filed/Issue Date: Concurrently
Entitled:	Optically anisotropic body	

Koninklijke Philips Electronics N.V., a corporation
 states that it is:

1. the assignee of the entire right, title and interest; or
2. an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %
 in the patent application/patent identified above by virtue of either:

- A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

[Note: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

May 12, 2005
 Date


 Kevin Simons, Reg. No. 45,110
 Title: Patent Attorney
 Tel.: (408) 474-9075

Rec'd PCT/PTO 12 MAY 2005
10/534765

PTO/SB/60 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

Practitioners associated with the Customer Number:

24738

OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:



The address associated with Customer Number:

24738

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

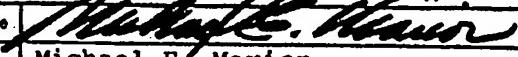
Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date 02 FEB 2005
Name	Michael E. Marion	Telephone (914) 333-9637
Title	Authorized Representative	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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